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-1-   C-CPI-0112

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: :

Herve' Guy Bricaud, et al.   :

Serial No.: 10/688,402   :   Group Art Unit: 2839

Filed: October 17, 2003   :   Examiner: Michael C. Zarroli

For: SMART CARD CONNECTOR   :
      CARRIAGE   :

AMENDMENT

Hon. Commissioner for Patents   February 02, 2005

Washington D.C. 20231   Los Angeles, CA 90024

In response to the Office Action dated December 02, 2004, please amend the above-identified application as follows:

ITT C-CPI-0112.020205 Amendment

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

10/688 402

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐			OR	OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
	BASIC FEE	395.00	OR	BASIC FEE	790.00
	x 25		OR	x 50	
	x 100		OR	x 200	
	+180		OR	+360	
	TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
2/8/05	Total	* 14	Minus	** 20	= —
	Independent	* 5	Minus	*** 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					☐

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SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25	—	OR	x 50	—
x 100	~~200~~	OR	x 200	400
+180	—	OR	+360	—
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	400

AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total		Minus		=
	Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	
+180		OR	+360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	
+180		OR	+360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.